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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are (6/99) not required to respond unless the form displays a currently valid OMB control number.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	OME	3 APPRO	VAL
	OMB N	ımber: 32	35-0
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Texakoma Coalgate 1-1 & 1-2 Prospects
Filing Under (Check box(es) that apply):  [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [A ULOE
Type of Filing: [ x] New Filing [ ] Amendment
A. BASIC IDENTIFICATION DATA 02020345
Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) Texakoma Oil & Gas Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including A (972) 701-9106  Dallas, Texas 75240
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Code)  (if different from Executive Offices)  SAME
Brief Description of Business To initiate, manage, acquire, supervise and operate oil and gas pro and to otherwise engage in the oil and gas business.
Type of Business Organization
[X] corporation [] limited partnership, already formed [] other (please specify):
[ ] business trust

	Month	Year		
Actual or Estimated Date of Incorporation or Organization:				[ ] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-let	ter U.S.	Postal Serv	ice abbreviat	ion for State:
CN for Canada;	FN for ot	her foreign	jurisdiction)	[T][X]

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6) CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deeme filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United Str registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any cor not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the informat previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notic with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice sh be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice a must be completed.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a cl of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partner issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[ ] Promoter [x] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ] General and/or Managing Partner	
Full Name (Last nam Kennedy, Dean				
Business or Residence	ce Address (Number and Street,	, City, State, Zip Co	de)	

5400 LBJ Freeway, Suite 500, Dallas, Texas 75240

Check Box(es) that Apply:	[ ] Promoter [ 🛪 Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last name	e first, if individual)				
Kennedy, Den					<u> </u>
	e Address (Number and Street, eway, Suite 500, Dallas		de)		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last name	e first, if individual)			The state of the s	
Business or Residence	ce Address (Number and Street,	, City, State, Zip Coo	de)	, <sub>1</sub> - 2 - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last name	e first, if individual)				
Business or Residence	ce Address (Number and Street	, City, State, Zip Coo	de)		<u> </u>
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last nam	e first, if individual)				
Business or Residence	ce Address (Number and Street	, City, State, Zip C∞	de)		<del></del>
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last nam	e first, if individual)				
Business or Residen	ce Address (Number and Street	, City, State, Zip Co	de)		
Check Box(es) that Apply:	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [	] General and/or Managing Partner	
Full Name (Last nam	ne first, if individual)				
Business or Residen	ce Address (Number and Street	t, City, State, Zip Co	de)		
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**B. INFORMATION ABOUT OFFERING** 

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	the issug?	er sold,	or does	the issu	ıer inten	d to sell,	, to non-:	accredite	ed investo	ors in this	Ye.		
			Answ	er also i	n Appen	dix, Coli	umn 2, it	filing ur	nder ULO	E.			
2. Wha	at is the	minimu	m inves	tment th	at will b	e accept	ed from	any indi	vidual?		· · · · · ·	0,000.00	
3. Doe	s the off	ering pe	ermit joi	nt owner	ship of	a single	unit?	•••••	••••••••••	•••••	Ye X	s No	
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Full Na	ame (La	st name	first, if	individu	al)								
Busine	ss or Re	esidence	e Addres	s (Num	ber and	Street, C	City, Stat	e, Zip Co	ode)				
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Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, (	City, Sta	te, Zip C	ode)				
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\$

Rule 505 ..... Regulation A .....

Rule 504 .....

Total .....

4. a. Furnish a statement of all expenses in connection with the issuance
and distribution of the securities in this offering. Exclude amounts
relating solely to organization expenses of the issuer. The information
may be given as subject to future contingencies. If the amount of an
expenditure is not known, furnish an estimate and check the box to the
left of the estimate.

Transfer Agent's Fees	[ ]\$_	
Legal Fees	[]\$_	
Accounting Fees	[]\$_	
Engineering Fees	[]\$_	
Sales Commissions (specify finders' fees separately) (Includes Due Diligence	e)]\$_	144,000
Other Expenses (identify) (Expense Reimbursement	1\$	36,000
Total	[]\$_	180,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ...........

1,020,000

Payments to

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Officers, Directors, &	
	Affiliates	Others
Salaries and fees	[] \$	\$
Purchase of real estate	[] \$	[] \$
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[] \$
Construction or leasing of plant buildings and facilities	[] \$:	[] \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$	[] \$
Repayment of indebtedness	[] \$	[] _\$
Working capital	[] \$	[] _\$
Other (specify): The drilling, testing and if warranted completing and equipping of two wells to be drilled in Coal County, Oklahoma.	[]THRU D& \$_C&E. [] \$	
Column Totals	[] \$	[]1,020,000
Total Payments Listed (column totals added)	[]\$_1	.020,000

D. FEDERAL SIGNATURE

The state of the s

	dertaking by the issuer to furnish to the U.S. Securities and Excharn formation furnished by the issuer to any non-accredited investor p	
Issuer (Print or Type) Texakoma Oil & Gas Corporation	Signature Date 3/6/02	_
Name of Signer (Print or Type)  Dean R. Kennedy	Title of Signer (Print of Type)  President	
Intentional misstatements or omiss	ATTENTION sions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)	
E.	. STATE SIGNATURE	
	[ ] [X]	
••	dix, Column 5, for state response.  furnish to any state administrator of any state in which this no such times as required by state law.	otice is
3. The undersigned issuer hereby undertakes to furnished by the issuer to offerees.	furnish to the state administrators, upon written request, infor	rmation
to the Uniform limited Offering Exemption (UL	suer is familiar with the conditions that must be satisfied to be OE) of the state in which this notice is filed and understands to has the burden of establishing that these conditions have been	that the
The issuer has read this notification and knows its behalf by the undersigned duly authorized pe	the contents to be true and has duly caused this notice to be si	igned on
Issuer (Print or Type)  Texakoma Oil & Gas Corporation	Signature Date 3/6/02	
Name of Signer (Print or Type)  Dean R. Kennedy	Title (Print or Type) President	

Instruction: